

## Provider Inspection Summary

For the period 04/01/2003 to 03/31/2006  
Community Based Residential Facility  
CLASS AA (AMBULATORY)

STATE OF WISCONSIN  
Bureau of Quality Assurance  
P.O. Box 2969  
Madison WI 53701-2969

### Facility Information

**Facility Name:** ROGERS MEM HOSP TURTLE POND RECOVER (310664)

**Address:** 34700 VALLEY RD, OCONOMOWOC, WI 53066

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/01/1998

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0091023      **End Date:** 07/24/2003      **Type:** STANDARD      **Purpose:** SURVEY/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10008905    Served 09/02/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL		
83.19(3)(g)	CATASTROPHE RESULTING IN DAMAGE		
83.62(1)(c)	BEDROOMS NOT IN SATELLITE BUILDINGS		

*Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.*